

County: Grant
 LANCASTER CARE CENTER
 1350 SOUTH MADISON STREET
 LANCASTER 53813 Phone: (608) 723-4143

Facility ID: 5110

Page 1

Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/01): 70
 Total Licensed Bed Capacity (12/31/01): 72
 Number of Residents on 12/31/01: 65

Ownership: Limited Liability Company
 Highest Level License: Skilled
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 64

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		30.8
Supp. Home Care-Personal Care	No					1 - 4 Years		53.8
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	1.5	More Than 4 Years		15.4
Day Services	No	Mental Illness (Org./Psy)	4.6	65 - 74	9.2			-----
Respite Care	Yes	Mental Illness (Other)	7.7	75 - 84	41.5			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	38.5	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	9.2	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	3.1		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	24.6	65 & Over	98.5	-----		
Transportation	No	Cerebrovascular	1.5		-----	RNs		7.8
Referral Service	Yes	Diabetes	10.8	Sex	%	LPNs		12.0
Other Services	No	Respiratory	0.0		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	47.7	Male	33.8	Aides, & Orderlies		
Mentally Ill	No		-----	Female	66.2			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other		Pri vate Pay			Fami ly Care		Managed Care			Total Resi - dents	% Of All		
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%			Per Di em (\$)	
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	5	100.0	236	29	85.3	95	0	0.0	0	25	96.2	125	0	0.0	0	0	0.0	0	59	90.8
Intermediate	---	---	---	5	14.7	79	0	0.0	0	1	3.8	125	0	0.0	0	0	0.0	0	6	9.2
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	5	100.0		34	100.0		0	0.0		26	100.0		0	0.0		0	0.0		65	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	25.0	Daily Living (ADL)	Independent			
Private Home/With Home Health	0.0	Bathing	23.1	44.6	32.3	65
Other Nursing Homes	2.4	Dressing	26.2	63.1	10.8	65
Acute Care Hospitals	69.0	Transferring	41.5	36.9	21.5	65
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	35.4	44.6	20.0	65
Rehabilitation Hospitals	0.0	Eating	69.2	15.4	15.4	65
Other Locations	3.6	*****				
Total Number of Admissions	84	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	9.2	Receiving Respiratory Care		3.1
Private Home/No Home Health	47.6	Occ/Freq. Incontinent of Bladder	43.1	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel	46.2	Receiving Suctioning		0.0
Other Nursing Homes	2.4			Receiving Ostomy Care		1.5
Acute Care Hospitals	8.5	Mobility		Receiving Tube Feeding		1.5
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	1.5	Receiving Mechanically Altered Diets		30.8
Rehabilitation Hospitals	0.0					
Other Locations	0.0	Skin Care		Other Resident Characteristics		
Deaths	41.5	With Pressure Sores	7.7	Have Advance Directives		78.5
Total Number of Discharges		With Rashes	0.0	Medications		
(Including Deaths)	82			Receiving Psychoactive Drugs		72.3

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Peer Group Ratio	Bed Size: 50-99 Peer Group Ratio	Licensure: Skilled Peer Group Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	88.9	82.5 1.08	86.4 1.03	85.8 1.04	84.6	1.05
Current Residents from In-County	100	74.3 1.35	69.6 1.44	69.4 1.44	77.0	1.30
Admissions from In-County, Still Residing	23.8	19.8 1.20	19.9 1.20	23.1 1.03	20.8	1.14
Admissions/Average Daily Census	131.3	148.2 0.89	133.4 0.98	105.6 1.24	128.9	1.02
Discharges/Average Daily Census	128.1	146.6 0.87	132.0 0.97	105.9 1.21	130.0	0.99
Discharges To Private Residence/Average Daily Census	60.9	58.2 1.05	49.7 1.23	38.5 1.58	52.8	1.15
Residents Receiving Skilled Care	90.8	92.6 0.98	90.0 1.01	89.9 1.01	85.3	1.06
Residents Aged 65 and Older	98.5	95.1 1.04	94.7 1.04	93.3 1.06	87.5	1.13
Title 19 (Medicaid) Funded Residents	52.3	66.0 0.79	68.8 0.76	69.9 0.75	68.7	0.76
Private Pay Funded Residents	40.0	22.2 1.80	23.6 1.70	22.2 1.80	22.0	1.82
Developmentally Disabled Residents	0.0	0.8 0.00	1.0 0.00	0.8 0.00	7.6	0.00
Mentally Ill Residents	12.3	31.4 0.39	36.3 0.34	38.5 0.32	33.8	0.36
General Medical Service Residents	47.7	23.8 2.00	21.1 2.26	21.2 2.25	19.4	2.46
Impaired ADL (Mean)	40.9	46.9 0.87	47.1 0.87	46.4 0.88	49.3	0.83
Psychological Problems	72.3	47.2 1.53	49.5 1.46	52.6 1.38	51.9	1.39
Nursing Care Required (Mean)	5.6	6.7 0.84	6.7 0.83	7.4 0.75	7.3	0.76